Approved for use through 7/31/2006. OMB 0651-0032
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Und	er the Paperwor	ENT APPLIC	ATION	ersons are requir FEE DETER e for Form PTC	o a Ni I	a collection of information unless it displays a valid OMB control number. RECORD Application or Docket Number /0/033 055					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED NUMBER EXTRA				R EXTRA		RATE	FEE	•	RATE	FEE	
	C FEE FR 1.16(a))							s	OR		\$
(37 C	il Claims FR 1.16(c))		minus 20 = *		•		x \$ <u>·</u> =		OR	x \$=	
	PENDENT CLAIN FR 1.16(b))	AS	minus 3 =				x \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ s=		OR	+\$=	
"If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
	Cl	_AIMS AS AME	NDED -	- PART II							
•	7/21/05	(Column 1)	olumn 1) (Col		(Column 3)		SMALL E	ENTITY	OR -		R THAN ENTITY
∢		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	AODI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ä	Total (37 CFR 1.16(c))	. 19	Minus	20	" —		x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	,	Minus	<i>4</i>	=		x \$=		OR	x \$=	
A A	FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(d))		+ \$=		OR	+ \$=	360
	***				-		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	360
		(Column 1)		(Column 2)	(Column 3)				_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=		x s=		OR	x s=	
EN	Independent (37 CFR 1,16(b))	•	Minus	•••	=		× \$=		OR	x s=	
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					Ì	+s=		OR	+ s=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (3) CFR 1.16(c))	•	Minus	••	#		x \$=		OR	x s=	
	Independent (37 CFR 1,16(b))	•	Minus	***	=		x \$=		OR	x s=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=	ļ	OR	+ s =	ļ
 If the entry in column 1 is less than the entry in column 2, write "0" in column 							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	" If the "Highest	column 1 is less tha Number Previous! Number Previous! Number Previous!y	y Paid For	IN THIS SPACE	is less than 20.	, er ente	er "3".	n the appropri	iate box in	column 1.	

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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